

MAR 01 2006

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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number D2302																				
In re Application of	Eric J. Sprunk et al																					
Application Number	09/588,828	Filed June 7, 2000																				
For	Self Authentication Ciphertext Chaining																					
Group Art Unit	2135	Examiner Linh L D Son																				
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and appropriate non-small-entity fee are as follows: (check time period desired):</p> <table><tbody><tr><td><input type="checkbox"/></td><td>One Month (37 CFR 1.17(a)(10))</td><td>\$120.00</td><td>\$</td></tr><tr><td><input type="checkbox"/></td><td>Two Months (37 CFR 1.17(a)(2))</td><td>\$450.00</td><td>\$</td></tr><tr><td><input checked="" type="checkbox"/></td><td>Three Months (37 CFR 1.17(a)(3))</td><td>\$1020.00</td><td>\$1020</td></tr><tr><td><input type="checkbox"/></td><td>Four Months (37 CFR 1.17(a)(4))</td><td>\$1590.00</td><td>\$</td></tr><tr><td><input type="checkbox"/></td><td>Five Months (37 CFR 1.17(a)(5))</td><td>\$2160.00</td><td>\$</td></tr></tbody></table> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the amount shown above is reduced by one-half, and the resulting fee is \$ _____</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required or credit any overpayment, to Deposit Account Number 502117. The Deposit Account Name is Motorola, Inc.</p> <p>I have enclosed a duplicate copy of this sheet.</p> <p>I am the:</p> <p><input type="checkbox"/> Applicant/inventor</p> <p><input type="checkbox"/> Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).</p> <p><input checked="" type="checkbox"/> Attorney or agent of record (Registration No.: 44,489)</p> <p><input type="checkbox"/> Attorney or agent under 37 CFR 1.34(a) Registration number if acting under 37 CFR 1.34(a) _____</p> <p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <p><u>3/1/06</u> Date <u>Lawrence T. Cullen</u> Signature <u>215-323-1797</u> Telephone Number Type or printed name</p> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required.</p> <p>Submit multiple forms if more than one signature is required, see below.</p> <p><input checked="" type="checkbox"/> Total of 1 form(s) are submitted</p>			<input type="checkbox"/>	One Month (37 CFR 1.17(a)(10))	\$120.00	\$	<input type="checkbox"/>	Two Months (37 CFR 1.17(a)(2))	\$450.00	\$	<input checked="" type="checkbox"/>	Three Months (37 CFR 1.17(a)(3))	\$1020.00	\$1020	<input type="checkbox"/>	Four Months (37 CFR 1.17(a)(4))	\$1590.00	\$	<input type="checkbox"/>	Five Months (37 CFR 1.17(a)(5))	\$2160.00	\$
<input type="checkbox"/>	One Month (37 CFR 1.17(a)(10))	\$120.00	\$																			
<input type="checkbox"/>	Two Months (37 CFR 1.17(a)(2))	\$450.00	\$																			
<input checked="" type="checkbox"/>	Three Months (37 CFR 1.17(a)(3))	\$1020.00	\$1020																			
<input type="checkbox"/>	Four Months (37 CFR 1.17(a)(4))	\$1590.00	\$																			
<input type="checkbox"/>	Five Months (37 CFR 1.17(a)(5))	\$2160.00	\$																			

This collection of information is required by 37 CFR 1.136(a). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 6 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Office, U.S. Patent and Trademark Office, U.S. Department of Commerce, P. O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450.

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PAGE 3/10 \* RCVD AT 3/1/2006 4:34:30 PM [Eastern Standard Time] \* SVR:USPTO-EFAXF-6/15 \* DNIS:2738300 \* CSID:2153231300 \* DURATION (mm:ss):02:54

Adjustment date: 09/15/2006 CKHL0K

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**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND											
1 Date of Request: 09/14/06		2 Serial/Patent # 09588,828									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
<input type="checkbox"/>	Filing			\$							
<input type="checkbox"/>	Amendment			\$							
<input checked="" type="checkbox"/>	Extension of Time	IFW	03/01/06	\$ 1,020.00							
<input type="checkbox"/>	Notice of Appeal/Appeal			\$							
<input type="checkbox"/>	Petition			\$							
<input type="checkbox"/>	Issue			\$							
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$							
<input type="checkbox"/>	Maintenance			\$							
<input type="checkbox"/>	Assignment			\$							
<input type="checkbox"/>	Other			\$							
		7 TOTAL AMOUNT OF REFUND		\$ 1,020.00							
		8 TO BE REFUNDED BY:									
10 REASON:		Treasury Check									
<input type="checkbox"/>	Overpayment	<input checked="" type="checkbox"/>	Credit Deposit A/C #:								
<input type="checkbox"/>	Duplicate Payment		9 <table border="1" style="display: inline-table; text-align: center;"> <tr> <td>5</td><td>0</td><td>--</td><td>2</td><td>1</td><td>1</td><td>7</td> </tr> </table>		5	0	--	2	1	1	7
5	0	--	2	1	1	7					
<input checked="" type="checkbox"/>	No Fee Due (Explanation):										
OUTSIDE MAXIMUM PERIOD OBTAINABLE											
11 REFUND REQUESTED BY:											
TYPED/PRINTED NAME: Patricia Faison-Ball		TITLE: Attorney									
SIGNATURE: <i>Patricia Faison-Ball</i>		PHONE: 2-3212									
OFFICE: PETITIONS											
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****											
APPROVED: <i>CRH</i>		DATE: 9/15/06									

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*

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